## PART B - FEE(S) TRANSMITTAL

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7.	590 11/05	/2007				-	
Grossman, Tucke c/o PortfolioIP P.O. Box 52050	. 1	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Ston [SUE FEE address above, or being facsimil transmitted to the USPTO (\$71) 273-2885, on the date indicated befow.					
Minneapolis, MN 55402				Dana Robertson (Depositor's name			
				/Dana Robe	rtson/		(Signature
		Į.	Herewith			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORN	EY DOCKET NO.	CONFIRMATION NO.
10/750,279 12/31/2003 TITLE OF INVENTION: COMMUNICATION CONT			Pak-Lung Seto			P17727	9201
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISSU	EFEE 1	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	02/05/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
SHIN, CHRISTOPHER B		2181	710-036000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the patent front page, list Grossman, Tucker,				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 Perreault & Pfleger				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			3_PLLC	
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Intel Corporat	Santa Clara	, CA					
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗎 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
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			Office.				
Authorized Signature /Edmund P. Pfleger/			Date Herewith				
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